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3ib Data Sheet

CONFIRMATION NO. 5254

| SERIAL NUMBER | FILING OR 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/529,981 | 12/16/2005 | 606 | 3733 | 8932-988-999 |
| RULE | | | | |

APPLICANTS

Thomas Kaup, Davos Platz, SWITZERLAND; *gls nww*
 Chad Munro, Mabou, CANADA; *OK nww*

* CONTINUING DATA *****

This application is a 371 of PCT/CH02/00542 10/01/2002 *OK nww*

* FOREIGN APPLICATIONS *****

| | | | | | |
|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | SWITZERLAND | 3 | 23 | 2 |
| Examined and Acknowledged | Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | | | |

ADDRESS

1832

TITLE

Device for fixing bones

| | | |
|--------------------------------|---|---|
| FILING FEE RECEIVED 1590 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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